Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numi

PA	TENT	APPI	LICATION	FEE	DETERMINATION	RECORE

Substitute for Form PTO-875

Application or Docket Number 10085340

-						· · Oilli / ·	0-07-0					7000	70
=				AS FILED - PA		ART I (Column 2)		_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR		NUMB	ER FILED	.]	NUMB	ER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					-			1		s	OR		3
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =						1	x \$ =		OR	x \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))				minus	3 =			1	x \$ =	 	OR	X \$ =	
<u>·</u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								1				
)	+ \$=		OR	+ \$=	
• If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL	t	OR	TOTAL	L
	C	LAIMS	AS AM	ENDED) – PA	RT II							
		(Colur		 	·	olumn 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
AMENDMENT A		REMA	IMS INING FER DMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	2	2	Minus		25	=		x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	//	Minus	•••	11	=		x \$=		OR	x \$=	
	FIRST PRESENT	TATION OF	MULTIPL	E DEPEND	ENT CL	AIM (37 CF	FR 1.16(d))		+5 =		OR	+ \$ =	
				· ·					TOTAL ADD'L FEE	:	OR	TOTAL ADD'L FEE	
		(Colun	nn 1)		(C	olumn 2)	(Column 3)		•		•		
ENDMENT B		CLA REMA AFT AMEND	INING ER		NL PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••		=		x \$=		OR	x \$=	-
	Independent (37 CFR 1.16(b))	•		Minus	•••		=		x \$=		OR	x \$ =	
AME	FIRST PRESENT	ATION OF	MULTIPLE	DEPENDI	ENT CLA	AIM (37 CF	R 1.16(d))		+ \$ =	,	OR	+ \$ =	
								L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Colum			(Ca	olumn 2)	(Column 3)	-					ياب
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		NU PRE\	SHEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))			Minus	••		.=		x \$=		·		
EN	Independent (37 CFR 1.16(b))	*		Minus	***		=	-	× \$ =		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							Ī	+ \$ =		OR	+ \$ =	
								L	TOTAL			TOTAL	
•	If the entry in co	lumn 1 is	less than	the entry	in colu	mn 2 weite	e "O" in column 3		ADD'L FEE		OR	ADD'L FEE	

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.